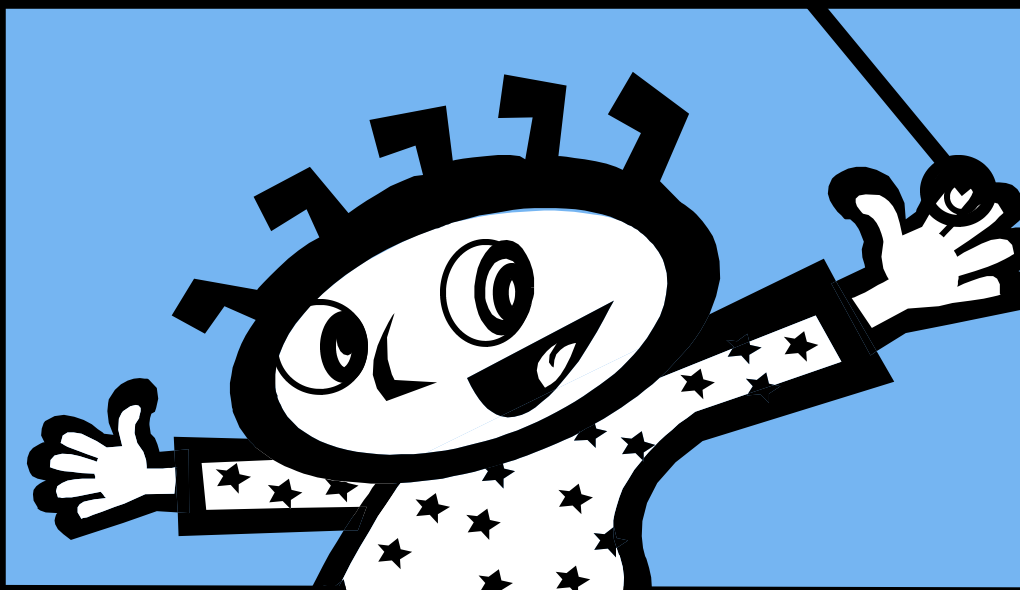


MILWAUKEE COUNTY'S
CAMP WIL-O-WAY

"SEASONS IN THE SUN"



2006 SUMMER DAY CAMP

COORDINATED BY EASTER SEALS KINDCARE SOUTHEASTERN WISCONSIN

**FOR CHILDREN, TEENS AND ADULTS WITH DISABILITIES
JUNE 26TH -AUGUST 4TH AND AUGUST 7TH-13TH
WIL-O-WAY GRANT RECREATION CENTER
WIL-O-WAY UNDERWOOD RECREATION CENTER**



WELCOME!

MILWAUKEE COUNTY AND EASTER SEALS KINDCARE

coordinate and staff the Wil-O-Way Summer Day Camp Program at two locations in Milwaukee at northwest and southeast sites. Each site accommodates up to 65 campers for the six week session and 20 for the Outdoor Adventure Camp.



Kindcare

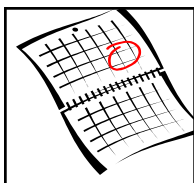
Wil-O-Way Summer Day Camp Program provides campers with opportunities for social interaction, self-expression and entertainment. The Easter Seals Kindcare Staff organize activities on arts and crafts, music, nature, sports and games. This program helps campers maintain basic motor skills, increases recreation skills, encourages maximum use of unstructured time and increases capacities for self-expression. New this summer is the **Outdoor Adventure Camp**, which is designed to be smaller, more intensive skill building experience.

***** Please Note: This camp is not to be considered a behavioral treatment program.**



ELIGIBILITY

- * First priority is given to Milwaukee County Residents (residents of other counties will be accepted as space permits)
- * People ages 7-60 years old with a disability



DATES AND HOURS

Session 1 Camp: June 26-July 14 (no camp July 4th) 9:45 a.m.-2:45 p.m.

Session 2 Camp: July 17-August 4 9:45 a.m.-2:45 p.m.

Full Session Camp: June 26-August 4 (no camp on July 4th) 9:45 a.m.-2:45 p.m.

Outdoor Adventure Camp and an Overnight: August 7-13 9:00 a.m.-4:00 p.m.
Camp is held regardless of weather, with the exception of extreme situations.



LOCATIONS

Wil-O-Way Grant Recreation Center (Grant Park)

207 Lake Drive, South Milwaukee (two blocks south of College Avenue on Lake Drive)



Wil-O-Way Underwood Recreation Center (Underwood Parkway)

10602 Underwood Parkway, Wauwatosa (north of Watertown Plank Road and east of Hwy 100)



TRANSPORTATION (FOR MILWAUKEE COUNTY RESIDENTS ONLY)

Easter Seals Kindcare will arrange for daily round trip bus service for those campers whose parents/guardians are unable to provide their transportation. The cost of bus transportation is included in the three and six week camp fee. Campsite assignment will be determined by the location of residence and will extend the camp day by approximately one hour. ***Please Note: Field Trips will be on Thursdays or Fridays and campers may be picked up as late as 1 1/2 hours after their regular pick up time.** Bus service is NOT provided for the Outdoor Adventure Camp.



SCREENING

Each camper is assessed after his or her **FIRST** day of camp and throughout the summer. If it is found that the camper cannot be effectively served due to behavior or other factors affecting their participation, the parent/guardians and/or agency representatives will be contacted and camp refunds will be made on a pro-rated basis.



CONTACT PERSON

If you have any questions, please contact Tracey Ralenkotter at (414) 482-0133 ext. 222 or at the e-mail address traceyr@eastersealskindcaresewi.com. Applications are also available on our website at www.eastersealskindcaresewi.com



APPLICATION

The application consists of five sections. Enclosed are the following sections:

- Application
- Behavioral Information
- Care Information
- Fee Information
- Parent/Guardian Authorization

Please make sure that **ALL FIVE SECTIONS** are completed and mailed in with your **\$100.00 non-refundable registration deposit.**

Checks or money orders made payable to: **Milwaukee County Treasurer.**

Please mail forms and payment to: Holler Park, attn: Tracey
5151 South 6th Street
Milwaukee, WI 53221

Incomplete applications with or without payment will be returned. Faxed copies WILL NOT be accepted. The number of campers accepted is limited for both sites.

***** Please Note: Final payment must be received by May 15, 2006 *****

Be sure to apply early, space is limited!

Applications are accepted on a first come, first served basis.



FEES

The actual cost of operating Wil-O-Way Summer Day Camp is \$1,050 per camper for the six weeks session. Milwaukee County Office for Persons with Disabilities and Milwaukee County Disability Service Division have been diligent in their efforts to keep fees as reasonable as they can. The fee covers the cost of bus transportation, field trips, art projects, t-shirt, and backpack for each camper. Lunches are NOT provided.

THE 2006 CAMP FEES

	Milwaukee County Resident	Non-Resident
Session 1: June 26—July 14	\$195	\$350
Session 2: July 17—August 4	\$195	\$350
Full Session: June 26—August 4	\$375	\$530
.....		
NEW! Outdoor Adventure Camp August 7-13	\$250 You can request a \$75 scholarship	\$275

There is a non-refundable registration deposit of **\$100** (it will be refunded if the camper is not accepted). It will be applied towards your camp fee. Upon acceptance, you will receive a notice of your balance and final payment which is due May 15, 2006.

Check or money order are to be made payable to: **Milwaukee County Treasurer.**

Please call Tracey at (414) 482-0133 if you need assistance with financial arrangements.



SIGNATURES

Any camper who is 18 years or older must sign the forms. If there is a legal guardian, the guardian must sign. Make sure **ALL** signatures are completed.



MEDICATIONS

Campers requiring medication during the camp hours must have the medication brought to camp on June 23 rd or August 4th for the Outdoor Adventure Camp. Medications must be in containers with original pharmaceutical labels. For safety reasons, medications cannot be sent with the campers on buses or in their lunch boxes.

MILWAUKEE COUNTY'S
2006 CAMP WIL-O-WAY



APPLICATION

Please attach
one recent **photo**
(4 x 6 or smaller)
It will be used for
Participant Identification



For Office Use Only

_____ Forms A B C F P
Payment Amount \$ _____
Payment Balance \$ _____

Has applicant ever attended Camp Wil-O-Way? ☐ Yes ☐ No

Preferred Camp Site: ☐ Grant Park ☐ Underwood Parkway

Sessions (please check) ☐ June 26-July 14 ☐ July 17-August 4 ☐ August 7-13

How did you hear about us? ☐ Brochure ☐ Friend/Parent ☐ Word-of mouth ☐ Other

Camper's Name: _____
First Middle Last Nickname

Group Age Request: ☐ Did not attend last year ☐ Same group as last year ☐ Younger Age ☐ Same Age ☐ Older Age

Friends with: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: (____) _____

Caregiver's Name: _____ Relationship: _____

Caregiver Day Phone: (____) _____ Caregiver Cell Phone: (____) _____

E-Mail Address (for immediate confirmation): _____

Is camper in (please circle): Home School Work Day Program during the school year?
Specify: _____

Birth Date: ____/____/____ Age at time of camp : ____ Height: ____' ____" Weight: ____lbs.

Disability: _____

Degree of Disability: ☐ Mild ☐ Moderate ☐ Severe

Physical Limitation: ☐ Ambulation ☐ Hearing ☐ Prosthesis
☐ Sight ☐ Speech ☐ Spasticity ☐ None

Gender: ☐ Male ☐ Female

Heritage: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other



Shirt Size (50% Cotton/50% Polyester):

Child: ☐ 4/6 ☐ 8/10 ☐ 12/14 Adult: ☐ Sm ☐ Med ☐ Lg ☐ XL ☐ 2XL ☐ 3XL



Bus Transportation Information (not required for Outdoor Adventure Campers):

Request Bus Transportation: ☐ Yes ☐ No, I will provide my own transportation

Request Wheelchair Accessible Bus: ☐ Yes ☐ No

Request Harness: ☐ Yes ☐ No

Does camper use his/her own house key? ☐ Yes ☐ No Remain alone? ☐ Yes ☐ No

AM Pick Up Location: _____ PM Drop Off Location: _____

Dates that camper will not be at camp: _____ ☐ Undecided

Emergency Contact Information when parent/guardian cannot be reached

*** **THIS AREA MUST BE COMPLETED** ***

Emergency Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Neighbor's Name: _____ Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____



BEHAVIORAL INFORMATION

Camper's Name: _____

Please check all that are appropriate:

- | | |
|---|---|
| <input type="checkbox"/> Generally easy-going/happy | <input type="checkbox"/> Verbally aggressive/demanding |
| <input type="checkbox"/> Shy/withdrawn | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Unsure of new situations | <input type="checkbox"/> Wanders/needs continuous direction |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Other: _____ |

Please check all the activities that the camper enjoys doing:



- | | | | |
|--|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Bowling | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sports and Games |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cookouts | <input type="checkbox"/> Movies | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dancing | <input type="checkbox"/> Music | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Fishing | <input type="checkbox"/> Nature Hikes | <input type="checkbox"/> Other: _____ |

Are there any activities that should be specifically excluded? ☐ Yes ☐ No

Specify: _____

Does camper have a behavioral plan? ☐ Yes (attach behavioral plan) ☐ No

CARE INFORMATION



Vision: ☐ Sighted ☐ Partial Sight ☐ Night Blindness ☐ Legally Blind ☐ Color Blind

Hearing: ☐ Normal Hearing ☐ Normal Hearing with Aid
☐ Partial Hearing Loss ☐ Partial Hearing with Aid ☐ Legally Deaf

Communication: ☐ Verbal ☐ Non-Verbal ☐ Communication Board ☐ Gestures
☐ Sign Language (please attach list of words) ☐ Other _____

Eating: ☐ No Assist ☐ Partial Assist ☐ Total Assist Explain Partial: _____

List Adaptive Equipment Used: _____

Time to Eat: ☐ 10 minutes ☐ 20 minutes ☐ 30 minutes ☐ 40 minutes ☐ 50 minutes

Diet: ☐ Standard ☐ Chopped Food ☐ Blended/Pureed ☐ Low Salt ☐ Low Calorie ☐ Diabetic
☐ Other: _____

Mobility: ☐ Ambulatory ☐ Wheelchair (☐ Manual or ☐ Power) ☐ Crutches
☐ Cane ☐ Walker ☐ Other: _____
Assistance needed with mobility at camp: ☐ None ☐ Partial ☐ Total

Transfer: ☐ No Assist ☐ Transfer Type ☐ Independent ☐ Standby ☐ Stand Pivot
☐ Two People ☐ Hoyer Lift ☐ Other: _____

Adaptive Devices: ☐ None ☐ Braces ☐ Prosthesis ☐ Helmet ☐ Glasses
☐ Dentures ☐ Shunt ☐ Other: _____

CARE INFORMATION



Camper's Name: _____

Toileting: ☐ No Assist ☐ Partial Assist ☐ Total Assist

Schedule (please circle designated times): 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00 2:30

Maintain Bladder Control: ☐ Always ☐ Sometimes ☐ Never ☐ Needs Reminder

Maintain Bowel Control: ☐ Always ☐ Sometimes ☐ Never ☐ Needs Reminder

Aids Used: ☐ None ☐ Urinal ☐ Toilet Chair ☐ Bedpan ☐ Diapers ☐ Pull-Ups ☐ G-Tube
☐ Catheter Please State Type: _____

Personal Hygiene:

Washing Hands: ☐ No Assist ☐ Some Assist ☐ Total Assist ☐ Needs Reminder ☐ Supervision

Dressing: ☐ No Assist ☐ Some Assist ☐ Total Assist ☐ Needs Reminder ☐ Supervision

Menstrual Care: ☐ No Assist ☐ Some Assist ☐ Total Assist ☐ Needs Reminder ☐ Supervision

If camper has Down's Syndrome, has he/she been tested for Atlanto-Axial Instability?

☐ Yes ☐ No **Results Positive?** ☐ Yes ☐ No

Communicable Disease: ☐ Yes ☐ No Specify: _____

If yes, this will not necessarily affect your enrollment. We need accurate information to plan for your safety and to maintain a safe and protective environment for all campers.

Allergies: ☐ Animals _____
☐ Environment _____
☐ Food _____
☐ Medicine _____

Seizures: ☐ None ☐ Myoclonic ☐ Atonic (Drop Attacks) ☐ Complex Partial (Psychomotor)
☐ Simple Partial ☐ Absence (Petit Mal) ☐ Generalized Tonic Clonic (Grand Mal)
☐ Mixed ☐ Drop Seizures Frequency: _____

List symptoms before seizure occurs: _____

Daily Medications: _____

Medications taken during camp time (10am-2:30 pm or 9am-4pm):

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission to give camper over-the-counter medications: ☐ Yes ☐ No

☐ Antacid ☐ First Aid Crème ☐ Ibuprofen ☐ Tylenol

Parent/Guardian Signature: _____

F EES INFORMATION

Camper's Name: _____



The actual cost of operating Wil-O-Way Summer Camp is \$1,050 per camper for the six weeks session. Milwaukee County Office for Persons with Disabilities and Milwaukee County Disability Service Division have been diligent in their efforts to keep fees as reasonable as they can. The fee covers the cost of bus transportation, field trips, art projects, t-shirt, and backpack for each camper.



THE 2006 FEES (PLEASE CHECK)

	Milwaukee Co. Resident	Non-Resident
Session 1: June 26—July 14	<input type="checkbox"/> \$195	<input type="checkbox"/> \$350
Session 2: July 17—August 4	<input type="checkbox"/> \$195	<input type="checkbox"/> \$350
Full Session: June 26—August 4	<input type="checkbox"/> \$375	<input type="checkbox"/> \$530
.....		
NEW! Outdoor Adventure Camp	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
August 7-12	<input type="checkbox"/> Request \$75 Scholarship (limited amount available)	

Please enclose a **non-refundable registration deposit of \$100** (it will be refunded if camper is not accepted). Send a check or money order payable to: **Milwaukee County Treasurer.**

Mail the application with payment to: Holler Park, attn: Tracey
5151 South 6th Street, Milwaukee, WI 53221

***** Upon acceptance, you will receive notice of your final and payment is due by May 15, 2006**

P ARENT/GUARDIAN AUTHORIZATION



Please read and check the appropriate boxes for each area:

The Personal Care Information is complete as far as I know, and the applicant listed has permission to engage in all recreational activities and field trips except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Supervisor or by his/her designated staff; to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery. ☐ **Yes** ☐ **No**

I understand that Milwaukee County Office for Persons with Disabilities and Easter Seals Kindcare Southeastern Wisconsin are not responsible for lost, stolen or damaged personal articles. ☐ **Yes** ☐ **No**

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches and videotapes by the Milwaukee County Office for Persons with Disabilities and Easter Seals Kindcare Southeastern Wisconsin for any purpose deemed appropriate. ☐ **Yes** ☐ **No**

I consent that the applicant can use the supervised Wil-O-Way Wading Pool. ☐ **Yes** ☐ **No**
I consent that the applicant can use the supervised Holler Park Pool. ☐ **Yes** ☐ **No**

In consideration of the acceptance of the applicant, I hereby release and waive any claim or cause of action which may accrue against the Milwaukee County Office for the Persons with Disabilities and Easter Seals Kindcare Southeastern Wisconsin and any employee of either agency and any other person acting with the permission of either arising out of any injury to his/her person or property during his/her stay at the center, in transit to and from the said center, or during any activity approved by and of said person. I agree to assume any claim, which said son/daughter/self/ward in his/her personal capacity might have against any of said persons for injury as herein stated.

A signature indicates agreement of the above statement. Any applicant 18 years or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Relationship: _____

WIL-O-WAY OUTDOOR ADVENTURE CAMP

AUGUST 7-13, 2006

**Campers and their families have been asking us
to extend the six-week Camp Wil-O-Way.**

Limited resources prevent us from extending regular camp.

However, Milwaukee County and Easter Seals Kindcare have designed a different camp opportunity that will be of interest to people who feel that six weeks of summer camp is not enough, have a limited amount of time to attend camp, or enjoy the outdoors and would like to learn basic skills.

Outdoor Adventure Camp is designed to be a smaller, more intensive skill building experience. Outdoor Adventure Camp is being offered in 2006 as a pilot project and will be offered in the future based on resources and interest.

Monday, August 7—Friday, August 12

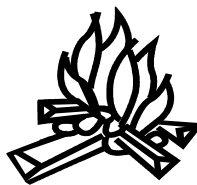
9:00 a.m.- 4:00 p.m.

Overnight Friday, August 12 4:00 p.m. - Saturday, August 13 9:00 a.m.

***** Campers must provide their own transportation *****

Check out all these Activities and Skills that you will do in one week!

- * Daily flag ceremony. Learn flag etiquette and Pledge of Allegiance
- * Learn to read a map
- * Learn directions and reading a compass (you will get your own compass!)
- * Trail skills
- * Identify trees and wildlife
- * Learn how to put up your own tent (you will get your own tent!)
- * Make simple campsite food recipes (using a hobo pie maker!)
- * Learn how to tie knots
- * Participate in an overnight adventure where we will test all of our skills
- * Awards will be presented in the camp fire ceremony on the last day





HOW TO APPLY

Fill out the application in the summer camp brochure and return as instructed. The differences between the six week camp and Outdoor Adventure Camp are as follows:

* **Transportation** is the camper's responsibility at Outdoor Adventure Camp. No need to fill out transportation information.

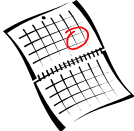
* **Permission:** Camper will not be attending Holler Park Pool. No consent is necessary.

* **Medication:** If you have not previously brought your medications in for regular six week camp, you must bring them in by Friday, August 4 to your campsite between 10:00 am-3:00 pm.



FEE

The charge is \$250 for resident and \$275 for non-resident. The Milwaukee County Office for Disabilities has a limited amount of \$75 scholarships available for those who need the assistance. Campers applying for and being awarded scholarships will be charged \$175.



WOW! THE FEE INCLUDES:

Five Day Camp (includes lunch)

One Overnight (includes dinner and breakfast)



Meals (lunch each day plus dinner and breakfast during overnight)



Your own compass



Your own 2 person nylon tent

LIMITED ENROLLMENT

Space will be assigned on a first come, first served basis. There is a maximum and minimum number of campers that can be accepted. Campers will be notified of their acceptance once the minimum number of campers apply.



For more information about Outdoor Adventure Camp, please call Tracey Ralenkotter at 482-0133 ext. 222.